42 Witkoppen Rd, Fourways, Sandton, 2055
Phone: 011 465 0168

Enrolment Form for the year 2025

Date of Application:_____ Start Date:_____

Child's Details:

Date of Birth:_____
First Names:_____ Surname:_____
Name by which child is known:_____
Home Language:_____ Nationality:_____
Position in Family (Youngest, Middle, Oldest):_____ No of children in family:_____
Religion:_____
Is there a sibling currently in the school?_____ Name of sibling:_____
Home Address:_____
Post Code:_____

Special Needs/Dietary requirements/Allergies

_____
_____
_____

Contact people in case of Emergency OTHER than parents:

Name:_____ Relationship:_____
Tel:_____
Name:_____ Relationship:_____
Tel:_____

Parent Details:

Mother:

First Names:_____ Surname:_____
ID No:_____ Nationality:_____
Home Address:_____
Post Code:_____
Postal Address:_____
Occupation:_____ Company:_____
Business Address:_____
Tel Home:_____ Mobile:_____
Tel Work:_____ Email:_____

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Father:

First Names:_____ Surname:_____
ID No:_____ Nationality:_____
Home Address:_____
Post Code:_____
Postal Address:_____
Occupation:_____ Company:_____
Business Address: _____
Tel Home:_____ Mobile:_____
Tel Work:_____ Email:_____

Doctor Details:

Family Doctor:_____ Tel:_____
Doctors Address:_____
Medical Aid:_____ Medical Aid No:_____
Main Member:_____

**Please submit all inoculation certificates, vaccination reports and any important medical history information along with this form.*

Details of who will be collecting your child:

Mothers Car:_____ Car Reg:_____
Fathers Car:_____ Car Reg:_____

If there are other people who will be collecting your child with different car details, please list below:

Name:_____ Car:_____ Car Reg:_____
Name:_____ Car:_____ Car Reg:_____
Name:_____ Car:_____ Car Reg:_____

If no one from this list is able to collect your child on a certain day please inform the school before school ends on that person's particulars; your child will not be allowed to leave the school premises without prior Knowledge from the school.

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Cherry Lane Montessori
Indemnity form 2025

I_____(Full name of parent / legal guardian) of

_____(Full name of child)

Hereby;

Indemnify and hold harmless Cherry Lane Montessori preschool and/or their staff, owners, principals, the Company, teachers, assistants against and from any claims whatsoever that may arise in connection with any loss and/or damage to the property, possessions, injury, illness or death which may be sustained by the pupil stipulated above, whilst on school property.

Agree that I as stipulated above shall be responsible for the payment of all medical/and or hospital accounts, where applicable, should any injury, loss or damage be sustained to the pupil stipulated above whilst on the school property.
Delegate to the principals of Cherry Lane Montessori and/or her representatives, the power to authorize whatever treatment he/she in their sole discretion (and to the best of their ability) deems necessary for the pupil and in doing so agree that the principal and/or her representatives shall act *in loco parentis*.

Give consent for the pupil stipulated above to take part in any extra mural activities on the school premises or any such place where such activities are engaged in.
Agree that this indemnity shall commence on date of signature hereof and shall remain in force and be of effect for the duration of the pupil's enrolment at Cherry Lane Montessori.

Signature of parent / legal guardian:_____

Name and Signature of Witness:_____Date:_____

Place:_____

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Administration of Medicines and Treatment Consent Form for the 2025 School year

Child's name:_____Date:_____
I_____parent / guardian authorise Cherry Lane Montessori (Pty) Ltd and its employees to administer medication on my behalf. The following ticked medication may be administered to my child without further consent. I will be notified should medication be administered.

- ☐ Calpol
- ☐ Nurofen
- ☐ Allergex
- ☐ Prospan cough mixture
- ☐ Charcoal tablets (natural)

I agree to indemnify and hold harmless Cherry Lane Montessori (Pty) Ltd and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication.

OR
I_____parent / guardian request that no medication is administered to my child.

Does your child suffer from Diabetes or Epilepsy? YES / NO
If yes to above question, please specify below.

_____

Please outline any special dietary requirements of your child and specify any food allergies.

_____

_____

Does your child require chronic medical on e.g., Asthma pump, EpiPen? YES / NO
If yes to the above question, please specify below.

_____

Is your child's medical on in their school bag at all? YES / NO

The school is not in possession of an EpiPen and does not keep asthma medication.
Should your child require such medication in an emergency it is essential that it is in their bag at ALL times.

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Should my child need to be taken to a hospital to receive further medical treatment (please select below option)?

☐ I authorise that in an emergency and I am unreachable or cannot get to the school in time one of Cherry Lane Montessori's employees may transport my child to the nearest hospital which is Fourways Life Hospital. I agree to indemnify and hold harmless Cherry lane Montessori (Pty) Ltd and its employees against any claim except based on willful and wanton conduct, arising while transporting them to the nearest hospital to receive medical treatment.

☐ I do not give permission for an employee of Cherry lane Montessori (Pty) Ltd to take my child to the hospital should I not be contactable. I understand the associated risk to this option and choose for my child to wait for me or an ambulance to receive care.

Should an employee of Cherry Lane Montessori (Pty) Ltd not be able to contact me please have them contact one of the below people.

1._____on +27_____

2._____on +27 _____

3._____on +27_____

Medical Aid:_____Number:_____

Parent/Guardian printed name:_____

Parent/Guardian signature:_____

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Cherry Lane Montessori
Consent form 2024/25

I hereby give consent for my personal details to be added to the Cherry Lane Montessori database, where such details will only be used, and retained, for contact between the principals and respective parents in matters
of relation to their children.

I understand that my personal details will not be used by Cherry Lane Montessori and given to any third party unless I have given prior written consent to do so.

I hereby also give consent for any photos and/or video's to be taken of my child/children where such photos and / or videos are to be used on:

- School reports;
- The Cherry Lane Montessori closed Facebook page where parents of Cherry Lane Montessori are the only members
- The Cherry Lane Montessori website gallery;
- Sending the respective child/children's parents updates via cellphone; and
- The Cherry Lane Montessori class environment.

Yours sincerely,
Charisse Mordt

Parent/Guardian to sign:

Signed by:_____on this_____day of_____2024/2025.

Initials